

parts during cicatrization in the healing process of former ulcerative (syphilitic) lesions. An uro-genital fistula caused by syphilitic ulcerations is rarely met with in practice, and some gynæcologists even deny it. The clinical observation observed by the author "dissipates," he says, "every doubt."—*Gazzetta degli Ospitali*, September, 1890.

II. Congenital Absence of the Vagina; Rudimentary Uterus; Integrity of Its Appendages; Autoplastic Operation with a Successful Result. By DR. SAMUEL GACHE (Buenos Ayres, S. A). Josephine, a young girl, æt. 17, in good health and without any hereditary antecedents, other than that her father, at the age of 47 years, had died of pulmonary tuberculosis, presented herself at the hospital for treatment. Physically, she was poorly developed, indeed she was of a nervous and sympathetic type, but neither hysteric nor subject to hysteriform crises. At the age of 13, she suffered chorea of the right side of the body, which disappeared under the influence of a treatment with bromides. She has never menstruated, neither has she suffered from pains in the abdomen. Six months before entering the hospital she experienced darting pains in the hip and muscles, which reappeared two or three times a month without regularity. She never has noticed any supplementary hæmorrhages. At the age of 16, she attempted to perform coitus and found it impossible. She then entered the hospital of her town, where she was told that she had an imperfect hymen; nothing, however, was done to relieve her.

On examination, the external genitals were found to be well formed; the pubes abundantly covered with hair, the labia majora thick and large, the labia minora well developed. On separation of the labia absence of the vaginal orifice was noticed; in its place a hard and fibrous membrane, slightly depressed in its center and uniting the base of the labia minora occupied the place of the vaginal introitus. The urethral opening was in its normal site. By examination, per rectum, which was in its normal position, its anterior wall was felt to be in immediate contact with the bladder and no trace of the vagina could be made out. The finger, pushed high up in the rectum, detected the rudimentary uterus as a small and hard body of the size of a hazel-nut.

The tubes and ovaries were also palpated and found to be of a normal size. A transverse incision was made into the membrane occluding the space between the labia and the rectum and bladder carefully separated by the fingers and a spatula without much difficulty. The division of the adhesions was controlled by one finger in the rectum and a silver sound in the bladder. After penetrating to a depth of seven centimeters the newly-made vagina was lined by a cutaneous flap taken from the perineum and one formed by the mucous membrane from the labia minora and the base of the labia majora. These were fixed by sutures and the vagina packed with iodoform gauze, while the bowels were constipated for several days. The flaps healed by first intention and at the end of six days union was complete. The newly-formed vagina measured seven centimeters in length and was well lined in its whole extent. In order to prevent threatening contraction it was, twice daily, packed with iodoform gauze, and two weeks after the operation digital dilatation was done every three days. One month after the operation the patient left the hospital in good health, and with a vagina seven centimeters in length, which permitted the introduction of the entire index finger.—*Anales del Circulo-Medico-Argentino*, July, 1890.

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